

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 541505

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3		/			54						
5		3		/			55						
6		3		/			56						
7		3		/			57						
8		3		/			58						
9		3		/			59						
10		3		/			60						
11		3		/			61						
12		3		/			62						
13		3		/			63						
14		3		/			64						
15		3		/			65						
16		3		/			66						
17	/		/				67						
18		/		/			68						
19		2		/			69						
20		3		/			70						
21		3		/			71						
22		3		/			72						
23		3		/			73						
24		3		/			74						
25		3		/			75						
26		3		/			76						
27		3		/			77						
28		3		/			78						
29		3		/			79						
30		3		/			80						
31	/		/				81						
32		3		/			82						
33		3		/			83						
34		3		/			84						
35		3		/			85						
36		3		/			86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	29	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			32				TOTAL CLAIMS						

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